

EXHIBIT 44



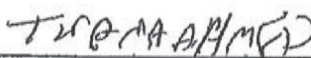
Security Professional ID Badge Receipt and Acknowledgement

I certify and acknowledge the following:


- I was issued an ID badge by the local Allied Universal Branch office on _____
Date
- I understand I must wear and display this ID badge on my outer most garment while on duty for Allied Universal.
- I understand the ID badge must always be visible while on duty for Allied Universal.
- I understand this ID badge is the property of Allied Universal and as such must be returned to Allied Universal if my employment ends.
- I understand this ID badge is not a state Security Guard license and it is for internal Allied Universal identification purposes only.
- I understand if I am found on duty without my ID badge displayed and visible I may be subject to disciplinary action.
- I understand if I'm approached by a State Licensing Inspector I must present my Allied Universal ID badge and state license if asked to do so.



Employee signature



Employee's printed name



Date